

Prior authorization requirements for Louisiana Medicaid

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Louisiana participating health care professionals providing inpatient and outpatient services.

For prior authorization, please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call 877-842-3210

Note: Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Abortion	Prior authorization required	59830 59855	59850 59856	59851 59857	59852
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. <ul style="list-style-type: none"> • <u>For ABA Therapy, submit via fax or Provider Express</u> 			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979			
BRCA genetic testing	Prior authorization required	81162 81166 81217	81163 81212	81164 81215	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19340 19361 19369	19318 19342 19364 19371	19328 19350 19367	19330 19357 19368
Cancer supportive services	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	Injectable colony-stimulating factor drugs that require prior authorization – Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™)			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Cancer supportive services (cont.)	*Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	<p>Q5110*</p> <p>Filgrastim-ayow, (Releuko®)</p> <p>Q5125*</p> <p>Filgrastim-sndz (Zarxio®)</p> <p>Q5101*</p> <p>Pegfilgrastim (Neulasta®)</p> <p>J2506*</p> <p>Pegfilgrastim-apgf (Nyvepria™)</p> <p>Q5122</p> <p>Pegfilgrastim-cbqv (UDENYCA™)</p> <p>Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™)</p> <p>Q5108*</p> <p>Sargramostim (Leukine®)</p> <p>J2820</p> <p>Tbo-filgrastim (Granix®)</p> <p>J1447*</p> <p>Trilaciclib (Cosela™)</p> <p>J1448</p> <p>Anti-Emetics</p> <p>J1456</p> <p>Bone-modifying agent that requires prior authorization:</p> <p>Denosumab (Xgeva®)</p> <p>J0897</p> <p>Colony Stimulating Factors</p> <p>J1449</p> <p>Erythropoiesis-Stimulating Agents</p> <p>J0885</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal. button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal. dashboard. Or, call 888-397-8129.</p>
Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<p>Injectable chemotherapy drugs that require prior authorization:</p> <p>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952)</p> <p>Chemotherapy injectable drugs that have a Q code</p> <p>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</p>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Chemotherapy (cont.)

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Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714	69930	L8614	L8619
		L8690	L8691	L8692	

Continuous glucose monitor	Prior authorization required	A4238	A4239	A9274	A9276
		A9277	A9278	E2102	E2103

Certain continuous glucose monitors may be covered under pharmacy benefits. Check the following link: [PDL Diabetic Supplies.pdf](#) to determine if the brand of equipment requested needs to be redirected.

If the brand is found in the "Drugs on PDL" column, please redirect as a pharmacy benefit to Prime Therapeutics State Government Solutions, LLC at 1-800 424-1664

Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	15820	15821	15822
		15823	15830	15847	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21275	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966

Durable medical equipment (DME)	Several codes associated with glucose monitors and diabetic supplies were removed from the Medicaid DME fee schedule and will be reimbursed as a pharmacy benefit only. Medical DME claims for these services will deny.	A9900	E0265	E0266	E0328
		E0329	E0445	E0465	E0466
		E0470	E0471	E0483	E0652
		E0656	E0669	E0766	E0784
		E0984	E0986	E1002	E1003

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)	Check the following link: PDL Diabetic Supplies pdf to determine if the equipment requested needs to be redirected. If the brand is found on the PDL, please redirect as a pharmacy benefit to Prime Therapeutics State Government Solutions, LLC at 1-800-424-1664. Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the \$500 retail purchase or cumulative rental cost threshold – see Home health services-	E1004	E1005	E1006	E1007
		E1008	E1009	E1035	E1036
		E1130	E1161	E1220	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1825
		E2230	E2310	E2311	E2325
		E2327	E2329	E2351	E2373
		E2510	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	K0005	K0108	K0830
		K0831	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
K0886	K0890	K0891	S1040		
V5269	V5272				
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4226	E0231
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Home health services, including extended nursing services (PDN)	Prior authorization is required only in outpatient settings, to include member's home.	G0299	G0300	S9123	S9124
		T1000			
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®*			
		J0801			
		Adakveo®			
		J0791			
		Aduhelm®			
		J0172			
		Adzynma			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization		
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Injectable medications (cont.)	J7171			
	Aldurazyme®			
	J1931			
	Amondys 45			
	J1426			
	Amvuttra™			
	J0225			
	Aralast® NP			
	J0256			
	Avsola™			
	Q5121			
	Beqvez			
	J1414			
	Botulinum toxins			
	J0585	J0586	J0587	J0588
	Brineura™			
	J0567			
	Briumvi			
	J2329			
	Cerezyme®			
	J1786			
	Cimzia®			
	J0717			
	Cinqair®			
	J2786			
	Cortrophin Gel®			
	J0802			
	Cosentyx IV			
	J3247			
	Crysvita®			
	J0584			
	Cutaquig®			
	J1551			
	Daxxify			
	J0589			
	Elaprase®			
	J1743			
	Elelyso®			
	J3060			
	Elfabrio			
	J2508			
	Elevidys			
	J1413			
	Enjaymo™			
	J1302			
	Entyvio®			
	J3380			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)	Evenity™				
	J3111				
	Exondys 51™				
	J1428				
	Fabrazyme®				
	J0180				
	Fasenra™				
	J0517				
	Fensolvi®				
	J1951				
	Firmagon®				
	J9155				
	Fynetra®				
	Q5130				
	Gamifant™				
	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Hemgenix®				
	J1411				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	IVIG				
	90283	90284	J1459	J1552	
	J1554	J1555	J1556	J1557	
	J1559	J1561	J1566	J1568	
J1569	J1572	J1575	J1599		
Izervay					
J2782					
Kanuma®					
J2840					
Kisunla					
J0175					
Korsuva®					
J0879					
Krystexxa®					
J2507					
Lamzede®					
J0217					
Lanreotide					
J1932					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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Injectable medications (cont.)		Lemtrada® J0202
		Leqembi® J0174
		Leqvio® J1306
		Lumizyme® J0221
		Lupron Depot® J1950
		Lupron Depot, Eligard® J9217
		Luxturna™ J3398
		Mepsevii® J3397
		Naglazyme® J1458
		Nexviazyme® J0219
		Nplate® J2802
		Nucala® J2182
		Ocrevus™ J2350
		Ocrevus Zunovo J2351
		Octreotide Acetate J2354
		Omvoh IV J2267
		Onpattro™ J0222
		Orencia® J0129
		Oxlumo™ J0224
		Panzyga® J1576
		Parsabiv™ J0606
		Pavblu Q5147
		PiaSky J1307

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)	Pombiliti				
	J1203				
	Prolastin-C®				
	J0256				
	Prolia***				
	J0897				
	Qalsody™				
	J1304				
	Radicava®				
	J1301				
	Reblozyl®				
	J0896				
	Releuko®				
	Q5125				
	Remicade®				
	J1745				
	Renflexis®				
	Q5104				
	Revcovi®				
	J3590				
	Riabni™				
	Q5123				
	Rituxan				
	J9312				
	Roctavian				
	J1412				
	Ryplazm®				
	J2998				
	Rystiggo				
	J9333				
	Sandostatin® LAR				
	J2353				
	Saphnelo™				
J0491					
Signifor® LAR					
J2502					
Simponi Aria®					
J1602					
Skyrizi®					
J2327					
Sodium Hyaluronate					
J7320	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		
J7331	J7332				
Soliris®					
J1299					
Somatuline® Depot					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)	J1930				
	Spevigo™				
	J1747				
	Spinraza™				
	J2326				
	Supprelin® LA				
	J9226				
	Syfovre®				
	J2781				
	Synagis®				
	90378				
	Tezspire™				
	J2356				
	Tofidence				
	Q5133				
	Trelstar®				
	J3315				
	Tremfya IV				
	J1628				
	Triptodur®				
	J3316				
	Truxima				
	Q5115				
	Tyenne				
	Q5135				
	Tzield®				
	J9381				
	Ultomiris™				
	J1303				
	Unclassified and temporary**				
	C9399	J3490	J3590		
	Veopoz				
	J9376				
	Vimizim®				
J1322					
Vyondys 53®					
J1429					
Vyjuvek					
J3401					
Vyvgart™					
J9332					
Vyvgart™ Hytrulo					
J9334					
White blood cell colony-stimulating factors					
J1442	J1447	J2506	Q5101		
Q5108	Q5110	Q5111	Q5120		
Xembify®					

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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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Injectable medications (cont.)		J1558
		Xenpozyme™
		J0218
		Xolair®
		J2357
		Zemaira®
		J0256
		Zoladex®
		J9202
		Zolgensma®
	J3399	
	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	
	* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129	
	** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Nulibry™, Rivfloza, and Revcovi®	
	*** For code J0897, prior authorization required for non oncology diagnosis	

Inpatient admissions – post-acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:			
	<ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 			

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Joint replacement (cont.)		29868			
Non-emergent air ambulance transport	Prior authorization required	A0430	A0435		
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255			
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0170	L0464	L0482	L0484
		L0486	L0631	L0700	L0710
		L0810	L0820	L0830	L0999
		L1000	L1200	L1300	L1310
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
		L1840	L1844	L1845	L1846
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3265	L3649	L3720
		L3730	L3740	L3763	L3764
		L3900	L3901	L3904	L3999
		L4000	L4010	L4020	L4210
		L4350	L4392	L4394	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5845	L5930
		L5950	L5960	L5962	L5964
		L5966	L5973	L5976	L5979
		L5980	L5981	L5982	L5984
		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6623	L6624
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
	L7040	L7045	L7170	L7180	
	L7185	L7186	L7190	L7191	
	L7405	L7510	L8040	L8042	
	L8499				
Pediatric day services	Prior authorization required	T2002	T1025	T1026	
Personal care services	Prior authorization required	T1019			
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiation Therapy	Prior authorization required	77014 77372	77331 77373	77370 77385	77371 77386

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Radiation Therapy (cont.)		77387	77399	77401	77402
		77407	77412	77470	79445
		G0339	G0340		
Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/LAcommunityplan > Prior Authorization and Notification > Radiology Prior Authorization and Notification Program.</p>			
Radiology – PET scans	Prior authorization required	78608	78609	78811	78812
		78813	78814	78815	78816
		A9515	A9526	A9552	A9580
		A9587	A9588	G0219	G0235
		G0252			
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Skin substitutes	Prior authorization required	Q4101	Q4106	Q4121	Q4154
		Q4160	Q4186	Q4195	Q4196
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22210	22212
		22214	22220	22224	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Spinal surgery (cont.)		22850	22852	22855	22856
		22861	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone Growth Stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		61863	61864	61867	61868
		61885	61886	63650	63655
	63685	64553	64568	64570	

Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocaptogene Maralucecl), Kymriah™ (tisagenlecleucel) and Yescarta™ (axicaptogene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547		

CAR T-Cell Therapy:

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Transplants (cont.)		Q2041 Q2056	Q2042 Q2057	Q2054	Q2055
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Gene Therapy			
		C9301*	C9399*	J3490*	J3590*
		J3392	J3393	J3394	
		* Amtagvi, Aucatzyl, Lantidra, Lenmeldy and Skysona will require PA through Optum Transplant			
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow	VAD device and supplies are not covered.	33975 33982	33976 33983	33979	33981
Vein procedures	Prior authorization required	36473 37718	36475 37722	36478 37780	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities					
Wound vac	Prior authorization required	E2402			